

**STATE OF INDIANA
COURT**

IN THE MATTER OF:

(*child's name*); CAUSE#
 DOB/(Age) ; ☐ Male ☐ Female; Race,
 Mother: , (Atty:) Father: (Atty:)
 Current Placement: DCS Permanency Plan:

CHILD(REN) IN NEED OF SERVICES

PREDISPOSITIONAL REPORT (Indiana Code § 31-34-18)

NOTICE: This report is confidential and
 may be only released with specific authorization

NEXT HEARING DATE:

DCS Attorney: DCS Family Case Manager:
 CASA/GAL
 Date of Removal: CHINS Finding:

I. HISTORY:

- A. **Reasons for Current DCS Involvement** (*include a narrative summary describing the facts and circumstances concerning the allegations made in this case*):
- B. **Prior Court or DCS involvement of this/these child(ren) and/or family:**
(JD/JS/IA/CHINS; include date of incident, name of perpetrator, victim, finding and action taken)

II. STATEMENT OF THE NEEDS OF THE CHILD(REN) FOR CARE, TREATMENT, REHABILITATION, OR PLACEMENT

- A. **Family History:**
☐ Mother ☐ Father # ☐ Guardian ☐ Step-parent ☐ Other:
 Name: Alias/Maiden Name: DOB:
 Child(ren) (*include name(s)/DOB/Paternity not Established or Paternity established by Affidavit, marriage or court order, including court and cause number*)



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Address:

Phone:

Ordered to pay support: ☐ yes ☐ no; **receive support:** ☐ yes ☐ no

If yes, identify the child(ren), the amount per week/month, and the court and cause number(s)

Education:

Occupation and employer: **Work phone:**

Native American Heritage: No ☐ Yes ☐ , (Tribe, if applicable)

Source of information:

Sibling(s):

For each child, identify siblings who are not a part of this/these matters by name, age and address:

B. Child Summary (*As brief as necessary to be descriptive*):

- 1. Home and Neighborhood, including Family Relationships (*Describe the child's home, neighborhood and community living environment as it relates to the child, including extended family dynamics*):**

- 2. Physical Health (*Describe the physical and dental appearance and health of the child including noticeable scars, medical and dental conditions and disabilities*):**

- 3. Mental Health (*Describe the child's general mental health as currently known, including current or needed psychiatric and psychological treatments/medications and evaluations*):**

- 4. School Information:**
 - a. For out of home placements, identify the Current Legal Settlement (school district) for each child and recommended school, school district and county:**

 - b. For each child, identify the last grade attended, school and whether or not each child has an IEP:**



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5. **Social Background** (*Describe child's activities, interests, membership in organized groups, religious orientation and participation, relationship with other family members, interpersonal relationships*):
6. **Substance abuse history:** (*Describe the child's use of alcohol and drugs and the extent of use, if known. Include any intervention treatment and/or counseling*)
7. **Child(ren)'s Employment and Financial Information** (*Mandatory pursuant to IC 31-34-18-3*):

III: CONSULTATION WITH INDIVIDUALS WHO HAVE EXPERTISE IN PROFESSIONAL AREAS RELATED TO EACH CHILD'S NEEDS IN THE AREA OF APPROPRIATE CARE, TREATMENT, REHABILITATION, OR PLACEMENT FOR A CHILD IN NEED OF SERVICES

- A. The following professionals, by name and occupation, have been consulted in the preparation of this report: (*professionals may include probation, a representative from a community mental health center or community mental retardation and other developmental disabilities center located in the child's county of residence. If the child(ren) is/are known to be eligible for special education services or placement under IC 20-35 and 511 IAC 7, consultation must include a representative of the child's school.*):

<u>Name</u>	<u>Occupation</u>

- B. The following individuals have participated in Child and Family Team Meeting(s)/Case Plan Conference(s).

<u>Date(s)</u>	<u>Names</u>	<u>Relationship to Family</u>

- C. The individuals referenced in sections A and B above reported the following **RESOURCES AND PROGRAMS** would be available for the child(ren) (*reference CFTM notes, if appropriate*):
- D. The following **DISPOSITIONAL OPTIONS** were considered and evaluated in relation to the plan of care, treatment, rehabilitation or placement for the child(ren):



Because of the nature of the allegations contained in the Child in Need of Services petition and other information obtained during the investigation or during the current action, the following dispositional options were considered:

IV. OPTIONS RECOMMENDED FOR THE PLAN OF CARE, TREATMENT, REHABILITATION OR PLACEMENT OF THE CHILD(REN)

A. Plan of Care, Treatment or Rehabilitation (*insert numbered list*):

B. Placement:

1. Out of home placement (*choose one*):

☐ **IS NOT (*continue to section V*) appropriate for the child(ren)**

☐ **IS (*complete the remainder of section IV*) appropriate for the child(ren).**

2. Placement Recommendation:

i. Identify the specific recommended placement followed by the placement's relationship for each child. If the child(ren) are not currently with the recommended placement state the reason(s):

ii. Describe in what ways the recommended placement is the least restrictive and most appropriate setting:

iii. least interferes with family autonomy:

iv. is least disruptive to family life:

v. imposes the least restraint on the freedom of the child(ren) and parent/guardian/custodian:

vi. and provides a reasonable opportunity for participation by the child(ren)'s parent/guardian/custodian:



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vii. describe, if applicable, in what ways the placement recommendation is necessary to be consistent with the safety and best interests of the child(ren) and the community:

3. Placement with a suitable and willing blood or adoptive relative caretaker, including a non-custodial parent, grandparent, aunt, uncle or adult sibling:

☐ is inapplicable in that, no one who has come forward who is willing at this point in time to care for the child(ren), (*list children if this applies*)

☐ has been considered and placed with (*identify name and relationship to child*). A criminal history check has been conducted and the results of the check are as follows:

☐ has been requested and considered but placement has not been granted with (*identify name and relationship to child*)

C. It is recommended that the responsibility for placement and care of the child(ren) be through wardship of the child(ren) to DCS.

D. Other pertinent information:

V. NECESSITY, NATURE AND EXTENT OF THE PARTICIPATION BY A PARENT, GUARDIAN, OR CUSTODIAN IN THE PROGRAM OF CARE, TREATMENT, OR REHABILITATION FOR THE CHILD:

A. In the following ways the parent(s)/guardian/custodian should obtain assistance in fulfilling obligations as a parent, guardian or custodian; provide specified care, treatment or supervision for the child(ren) and/or work with a person providing care, treatment or rehabilitation for the child(ren)(*insert a numbered list*):

B. Indicate whether or not a person should refrain from direct or indirect CONTACT with a child. Identify the child, person and the basis for the recommendation-for any parent, indicate whether contact by the parent is contrary to the child's welfare:



C. Identify recommendations for VISITATION for each parent and others, as applicable:

D. The following represents the Financial Report required by IC 31-34-18-3 to assist in the determination as to applicable financial responsibility for:

1. Financial Summary:

Name:

☐ Mother ☐ Father # ☐ Guardian ☐ Other ☐ Child

TYPE OF INCOME

AMOUNT

Earned Income \$_____ hour week month

Child Support Order recipient \$_____ hour week month
(list children)

Retirement/Pension \$_____ hour week month

Other Income \$_____ hour week month

2. Financial responsibility recommendation:

DCS has made disbursements for Programs/Services and Parent/guardian/custodian's financial responsibility is recommended as follows:

An order for reimbursement of costs is recommended to be paid by _____ in the amount of _____ per _____, beginning _____.

An order for reimbursement of costs is not recommended to be paid by _____

An order for the payment of child support is not recommended to be paid by _____ because:

An order for the payment of child support is recommended to be paid by _____ in the amount of _____ per _____ beginning _____,

☐ By original order of this court, OR

☐ By assignment of an existing order.



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VI. REASONABLE EFFORTS:

- A. Services Available Prior to Current Proceedings:** *(include TANF benefits, Social Security benefits, food stamps, counseling, etc., including services offered pursuant to any prior CHINS, IA or SRA):*

- B. For child(ren) who has/have not previously been removed from the home and removal is recommended, summarize the reasonable efforts to prevent removal or eliminate the need for removal:**

- C. Other pertinent information, including reasonable efforts toward a plan of permanency for the child(ren):**

VII. SUMMARY OF DCS RECOMMENDATIONS:

VIII. INSERT THE PERMANENCY PLAN FOR THE CHILD(REN) AND ANY APPLICABLE CONCURRENT PLAN:

IX. REQUEST FOR COURT REVIEW AND PERMANENCY HEARING:

The Indiana Department of Child Services requests that this cause be reviewed within six (6) months and a Permanency Hearing be set no later than twelve (12) months after the Dispositional Decree/removal of the child(ren), whichever occurred first.

Respectfully Submitted,

Indiana Department of Child Services by:

(signature) Date: _____

, Family Case Manager
Indiana Department of Child Services Local Office in _____ County
Address:
Phone:

(signature) Date: _____

, Supervisor



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Indiana Department of Child Services Local Office in _____ County

ATTACHMENTS:

- ☐ **Case Plan** (*if not previously submitted to the court*)
- ☐ **Report from _____ Service Provider, dated _____**
- ☐ **Family Team Meeting Summary**
- ☐ **Child Support Worksheet(s)**
- ☐ **Other:**

Distribution:



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